



# Lockout/Tagout Sample Forms: Evaluations, Procedures, and Permit

Cal/OSHA provides the sample forms included in this publication to help employers establish hazardous energy control procedures required by title 8 [section 3314](#). If employers wish, they may use these forms to evaluate their workplace equipment, then customize the Lockout/Tagout Model Program, which is available on the [Cal/OSHA Publications](#) webpage.

Employers are not required to use these sample forms, but they may find them helpful in evaluating workplace hazards and developing and implementing their lockout/tagout program.

Using these forms does not guarantee that the employer's program will comply with the standards. Employers must review all the elements required by [section 3314](#).

## Documents Included in This Publication

Title	Purpose	Related Title 8 Sections
Evaluation for General Hazardous Energy Control Procedures	Evaluation/inspection	3203(a)(4), (a)(6), and (b)(1); 3314(g)
Equipment-Specific Hazardous Energy Control Evaluation and Certification	Evaluation/inspection/ certification	3203(a)(4), (a)(6), and (b)(2); 3314(g)(2); 3314(j)
Safety Permit for Hazardous Energy Control (Lockout/Tagout) Work Activities	Permit (non-mandatory)	3203(a)(4); 3270; 3314; 3380–3385

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Enter name of your company here

## Evaluation for General Hazardous Energy Control Procedures

Identify all the machinery and equipment with hazardous energies on which employees will conduct the regulated work operations: **[Complete the following table.]**

<b>Machinery/ Equipment</b>	<b>Authorized/ Affected Employee Job Titles</b>	<b>Regulated Work Operations</b>	<b>Hazardous Energies</b>	<b>Hazardous Motion/Parts and Potential Injuries</b>	<b>Disconnecting Means, Including Location(s)</b>

*Directions for completing this table are on the next page.*

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Evaluation conducted by:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name and title

\_\_\_\_\_  
Date

## Directions for completing the evaluation table:

**Machinery/Equipment** – List all machinery and equipment, including identifying information such as manufacturer, make, model, location, etc., on which employees conduct regulated work operations. Remember to include any vehicles and heavy equipment on which employees may conduct such work.

**Authorized and affected employees** – Enter the job titles of the authorized employees who implement the hazardous energy control procedures and conduct the regulated work activities. Also, indicate the titles of the affected employees who operate or use the machines or equipment on which hazardous energy control procedures may be conducted. Affected employees also include people who work in areas where hazardous energy control procedures are conducted.

**Regulated work operations** – Enter the regulated work activities, specifically cleaning, servicing, adjusting, unjamming, repairing, and setting-up operations conducted on the machinery or equipment by the company's employees or outside servicing personnel.

**Hazardous energies** – Indicate the types of hazardous energies associated with the machine or equipment:

**Kinetic** – Motion (fans, blades, presses); Electrical (generators, capacitors); Thermal (ovens, steam); Radiant (lasers, electromagnetic fields, microwaves, x-rays, ultraviolet, infrared)

**Potential** – Gravitational (commercial doors, dock plates, latches, swing platforms, heavy machine parts); Stored Mechanical (compressed springs, stretched rubber); Hydraulic (pressurized liquid) and Pneumatic (pressurized air) found in pipes, heated chemical drums, vats, and other containers

**Hazardous functions or parts** – Enter the functions or parts of machinery or equipment of which the unexpected movement would cause injury to the employee. Typical parts of machinery that can cause entanglement, cutting, puncturing, crushing, burning, struck by, or other injuries include fans, knives, booms, arms, and other moving parts of machinery or equipment. Hazardous parts also include pipes, valves, chemicals, and capacitors. Due to gravitational energy, the machine or equipment must be considered a potential hazard. In addition, the product or waste created by the machine when the machine is operating must be evaluated.

**Disconnecting means, including location** – Enter the device, group of devices, or other means by which the conductors of a circuit can be disconnected from their source of the machine's or equipment's power supply. Typical disconnecting means include disconnect switches and lockable circuit breakers. Also enter the location of the disconnecting means so it can be quickly identified by the authorized employee.

Enter name of your company here

## Equipment-Specific Hazardous Energy Control Evaluation and Certification

Date of evaluation: \_\_\_\_\_

Machine/equipment information: \_\_\_\_\_

Machine/equipment location: \_\_\_\_\_

What are the hazardous energy control (lockout/tagout) activities associated with this machine?

- cleaning       servicing       adjusting       unjamming  
 repair work       setting-up

What are all the hazardous energy sources and associated hazardous movements (be specific)?

[Complete the following table. Hazardous energy sources: electrical, thermal, radiant, motion, hydraulic, pneumatic, chemical, stored mechanical (i.e., springs), gravitational, steam, etc.]

Hazardous energy source	Potential hazardous motion (include machine or equipment part/function and location)	Do the procedural steps need to be written or updated?

What are the disconnecting means and energy-isolating devices required? [Complete the following table. An energy-isolating device is a mechanical device that physically prevents the transmission or release of energy (i.e., electrical circuit breaker, disconnect switch, etc. Note: push buttons, selector switches, and other control circuit-type devices are NOT energy-isolating devices.)]

Disconnecting means	Location	Devices and hardware required	Do the procedural steps need to be written or updated?

**What steps are required for shutting down and disconnecting the machine?** [Complete the following table. Exposure hazards to employees include electrocution, electric shock, crushes, cuts, amputation, struck by, etc.]

Steps for shutting down the energy source	Exposure hazards if step(s) are not followed	Are employees following safety procedure(s)?	Do the procedural steps need to be written or updated?

**What are the steps for dissipating or restraining stored energy?** [Complete the following table.]

Steps for dissipating or restraining stored energy	Exposure hazards if step(s) are not followed	Are employees following safety procedure(s)?	Do the procedural steps need to be written or updated?

What are the steps for locking, tagging, blanking, blinding, or other method for controlling energy sources? [Complete the following table.]

Steps for locking, tagging, blanking, blinding, or other method for controlling energy sources	Exposure hazards if step(s) are not followed	Are employees following safety procedure(s)?	Do the procedural steps need to be written or updated?

**What are the steps for verifying that the methods of energy isolation and control are effective?**

[Complete the following table.]

Steps for verifying energy isolation and control	Exposure hazards if step(s) are not followed	Are employees following safety procedure(s)?	Do the procedural steps need to be written or updated?

**What are the steps for starting this machinery during lockout activities for evaluation and testing?**

[Complete the following table. Steps must include clearing all personnel, tools, and materials, removing lockout devices, restoring the equipment to safe lockout conditions.]

Steps for testing and evaluating machinery during lockout/tagout activities	Exposure hazards if step(s) are not followed	Are employees following safety procedure(s)?	Do the procedural steps need to be written or updated?

**What are the steps for starting up this machinery after energy control work activity is completed to return it to normal production operations?** [Complete the following table. Must include notifying all affected and authorized employees before re-starting the machine.]

Steps for starting-up machinery after work is completed	Exposure hazards if step(s) are not followed	Are employees following safety procedure(s)?	Do the procedural steps need to be written or updated?

**Are alternative measures that provide effective protection for employees during lockout work activities permitted on this machine?** (Refer to California Code of Regulations, title 8, section 3314(c), (d), and (f) for activities and conditions that permit alternative measures.)

Yes. List the applicable exception: \_\_\_\_\_

No

**If alternative measures are permitted, what are the protective steps, devices, and equipment needed to provide effective protections to employees?** [Complete the following table.]

Alternative protective steps, devices, and equipment	Exposure hazards	Are employees following safety procedure(s)?	Do the procedural steps need to be written or updated?

**Identify the participants associated with this evaluation.** [Complete the following table.]

Energy control procedure participants	Job titles / Names
Authorized employees	
Affected employees	

**Do employees need to be trained or retrained in the procedure?**

Yes. What must be included in the training? \_\_\_\_\_  
 \_\_\_\_\_

**Procedure evaluation certification:**

Certified by: \_\_\_\_\_ Date: \_\_\_\_\_



Enter name of your company here

## Safety Permit for Hazardous Energy Control (Lockout/Tagout) Work Operations

Date of work activity: \_\_\_\_\_

**Permit issued to**

Authorized employee name: \_\_\_\_\_ Title: \_\_\_\_\_

Company name (if outside contractor): \_\_\_\_\_ Contact number: \_\_\_\_\_

Date/Time issued: \_\_\_\_\_ Date/Time permit expires: \_\_\_\_\_

**Work activity:** \_\_\_\_\_

**Machine/equipment description:** \_\_\_\_\_

**Work location:** \_\_\_\_\_

**Personal protective equipment (PPE), as required:** *(also circle specific types within the parentheses)*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Face shield                    | <input type="checkbox"/> Ear plugs   | <input type="checkbox"/> Hard hat                 |
| <input type="checkbox"/> Safety glasses                 | <input type="checkbox"/> Ear muffs   | <input type="checkbox"/> Hood (chemical, thermal) |
| <input type="checkbox"/> Safety goggles                 | <input type="checkbox"/> Suit (rubber, thermal, Tyvek)                               | <input type="checkbox"/> Safety harness & line    |
| <input type="checkbox"/> Filtering facepiece/N95        | <input type="checkbox"/> Respirator (dust, vapor, combination, full-face, half-face) |   |
| <input type="checkbox"/> Gloves (thermal)               | <input type="checkbox"/> Gloves (latex, neoprene, nitrile, PVC, rubber)              |   |
| <input type="checkbox"/> Rubber boots                   | <input type="checkbox"/> Shoes (steel-toed, electrical safety, slip-resistant)       |   |
| <input type="checkbox"/> Additional PPE required: _____ |  |   |

**Energy control devices, as required:** *(also circle applicable activities within the parentheses)*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Disconnect                          | <input type="checkbox"/> Blocks                           | <input type="checkbox"/> Accident prevention tags |
| <input type="checkbox"/> Valves (close, block, blind)        | <input type="checkbox"/> Lock devices (individual, group) | <input type="checkbox"/> Grounding means          |
| <input type="checkbox"/> Lines (bleeding, blanking/blinding) | <input type="checkbox"/> Other: _____                     |   |

**Other safety considerations, as required:** *(also circle applicable items within the parentheses)*

- |  |  |
|--|--|
| <input type="checkbox"/> Confined space (requires additional permit)       | <input type="checkbox"/> Fire hazards (fire extinguisher, area free of combustibles) |
| <input type="checkbox"/> Restrict area (barricade, safety tape)            | <input type="checkbox"/> Welding (sparks, shield arcs)                               |
| <input type="checkbox"/> Safe access (ladder, aerial device, scissor lift) | <input type="checkbox"/> Other: _____  |

**Approval**

Signature \_\_\_\_\_ Print name/title (i.e., Safety Manager, Supervisor) \_\_\_\_\_ Date \_\_\_\_\_

- Job complete       Job incomplete

Notes: \_\_\_\_\_

The authorized worker holds this permit during the work activity and returns it to the approver after work is completed.